

Robin Carnahan Secretary of State  
2007 ANNUAL REGISTRATION REPORT  
NONPROFIT

File Number:  
N00677757  
Date Filed: 07/11/2007  
Robin Carnahan  
Secretary of State

\* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 08/31/2007

ORGANIZED UNDER THE LAWS OF:  
Missouri

N00677757  
Harvest Foundation, Inc.  
BRUCE LAWRENCE  
250 NORTH KINGSHIGHWAY  
SIKESTON, MO 63801

1 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: \*  
P.O. Box 124  
STREET  
Vanduser, MO 63784  
CITY/STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

2 ☐ The new registered agent  
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address  
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS	BOARD OF DIRECTORS
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST ONE OFFICER BELOW.</u>	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW.</u>
<u>PRES</u> <u>Dennis L. McElwrath</u>	<u>NAME</u> <u>Dennis L. McElwrath</u>
STREET/RT <u>24247 Base Road</u>	STREET/RT <u>24247 Base Road</u>
CITY/STATE/ZIP <u>Havre, MT 59501</u>	CITY/STATE/ZIP <u>Havre, MT 59501</u>
V-PRES <u>Aubrey Kincaid</u>	NAME <u>Trevor Spencer</u>
STREET/RT <u>24247 Base Road</u>	STREET/RT <u>HC 30, Box 102</u>
CITY/STATE/ZIP <u>Havre, MT 59501</u>	CITY/STATE/ZIP <u>Havre, MT 59501</u>
<u>SEC'Y</u> <u>Aubrey Kincaid</u>	NAME <u>Aubrey Kincaid</u>
STREET/RT <u>24247 Base Road</u>	STREET/RT <u>24247 Base Road</u>
CITY/STATE/ZIP <u>Havre, MT 59501</u>	CITY/STATE/ZIP <u>Havre, MT 59501</u>
TREAS	NAME <u>Dennis J. McElwrath</u>
STREET/RT	STREET/RT <u>24792 State Hwy. 153</u>
CITY/STATE/ZIP	CITY/STATE/ZIP <u>Holcomb, MO 63852</u>
NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED	

The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

4 ☐ Authorized party or officer sign here Dennis L. McElwrath (Required)

Please print name and title of signer: Dennis L. McElwrath / President

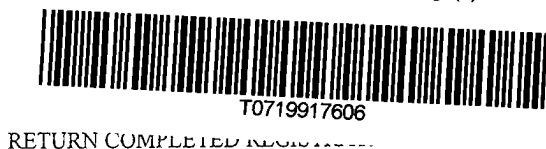
NAME TITLE

REGISTRATION REPORT FEE IS:  
☒ \$15.00 If filed on or before 8/31  
State of Missouri  
Annual Report - NonProfit 1 Page(s)

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL)

PLETE OR THE REGISTRATION REPORT WILL BE REJECTED  
AYABLE TO DIRECTOR OF REVENUE  
ENT TO THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102



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RETURN COMPLETED REGISTRATION REPORT